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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>162</u>		Registered No. _____	
County <u>Maricopa</u>		State _____		District or Township _____ or Village <u>Hickmanburg</u>	
City _____		No. <u>In Car on road</u>		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Lorenzo D. Bennett</u>					
(a) Residence, No. <u>Hillside Arizona</u> St. _____ Ward _____					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
Male	White	(Write the word) <u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of <u>Celia Bennett</u>					
(or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>1/1/83</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day or 1 min.	
<u>47</u>	<u>6</u>	<u>7</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Rancher</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>California</u>					
(State or country)					
10. NAME OF FATHER <u>C. H. Bennett</u>					
11. BIRTHPLACE OF FATHER <u>Illinois</u>					
(State or country) (city or town)					
12. MAIDEN NAME OF MOTHER <u>Alvina Rodriguez</u>					
13. BIRTHPLACE OF MOTHER <u>California</u>					
(State or country) (city or town)					
14. Informant <u>Mrs. A. E. Clyburn,</u>					
(Address) <u>Prescott, Arizona.</u>					
15. Filed <u>6/16/31</u> <u>J. R. Copeland</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>June 7 1931</u>					
Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>never</u> to <u>died in transit</u>					
that I last saw him alive on <u>never</u> , 19 <u>31</u>					
and that death occurred, on the date stated above, at <u>2427 1/2</u> m.					
The CAUSE OF DEATH* was as follows:					
<u>Unknown. Started from Phoenix to Hickmanburg suddenly died on way</u>					
<u>Unknown</u> (duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary)					
(duration) yrs. mos. ds.					
18. Where was disease contracted if not at place of death? <u>Unknown</u>					
Did an operation precede death? <u>no</u> Date of <u>X</u>					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>examined dead</u>					
(Signed) <u>J. R. Copeland</u> M. D.					
(Address) <u>Hickmanburg</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Prescott Ariz</u>				DATE OF BURIAL <u>6/9/31</u>	
20. UNDERTAKER <u>Lester Ruffner</u>				ADDRESS <u>Prescott</u>	